

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/							51				
2		/						52				
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48								98				
49								99				
50								100				
Total Indep								Total Indep				
Total Depend								Total Depend				
Total Claims								Total Claims				